

Spa de Esperanza

2156 A Railroad Avenue, Hercules, CA 94547

Website: WWW.SpadeEsperanza.com

Phone: (510) 311-0966

Consultation Intake Form

(Please Print Clearly):

Last Name _____ First Name _____

Street Address: _____ Apt/Unit: _____

City: _____ State: _____ Zip _____

E-Mail Address: _____ [] DO NOT ADD ME TO EMAIL LIST

Telephone: home: _____ work/ cell: _____

Date of Birth: ____ / ____ / ____

Referred By: _____

ANCESTRAL HISTORY

Acne in family/parents: mother father sibling other relatives: _____

Rosacea/severe redness or inflammation: mother father sibling other relatives: _____

Psoriasis/ Dry patches: mother father sibling other relatives: _____

YOUR HEALTH

1. Within the last year, have you been under a physician's care? yes no

If yes, please specify _____

2. Within the last year, have you been under a dermatologist care? yes no

Dermatologist name _____

3. Within the last nine months, have you undergone any surgery? yes no

If yes, please specify _____

4. Have you had or have you now any of these health problems?

Lupus Sinus problems Anemia Raynaud's Epilepsy Diabetes Heart problems

Cancer, if so, how long have you been free of cancer or cancer treatments? _____

Hypertension Hormone Imbalance Spinal Injury Claustrophobia Asthma

Hysterectomy Thyroid condition Varicose Veins Systemic Disease HIV Positive Herpes

Allergies

5. List any medications, supplements, vitamins, diuretics, slimming pills, etc. that you take regularly

6. Do you smoke? yes no occasionally

7. Do you exercise regularly? yes no occasionally

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8. Do you follow a restricted diet? yes no occasionally
9. Do you have regular sleep patterns? yes no occasionally
10. Do you wear contact lenses? yes no occasionally
11. Do you have metal implants or a pacemaker? yes no
12. How is your elimination? good fair poor
13. What is your stress level? high medium low
14. Have you had a reaction to any of the following? cosmetics medicine iodine pollen food
shellfish hydroxy acids(i.e. glycolic, salicylic) animals fragrance sunscreens fruit essential oils
other/specify _____

YOUR SKIN

15. Describe your skin type. normal oily water dry oil dry acne prone combination (oily in T-Zone)
16. With what temperature of water do you cleanse? cool warm hot
17. Do you have any special areas of concern pertaining to your face? yes no
If yes, please specify _____
18. What skin care products are you currently using? soap cleanser toner/astringent moisturizer masque
exfoliator eye care sunscreen others _____
19. What are the brand names of the products you currently use? _____
20. What make-up and hair products are you currently using? liquid foundation cake foundation stick foundation cover-up loose powder pressed powder blushers oil sheen/braid spray hair/conditioner spray hair/hairspray specify: _____
21. Have you ever experienced acne breakouts? yes no occasionally
Affected areas: face chest back upper arms other _____

EXFOLIATION AND BLEACHING HISTORY

22. Have you ever had chemical peels, laser, microdermabrasion or any resurfacing treatments?
yes no, If yes, specify when: _____
23. Do you use Accutane, Retin A, Renova, or Adapalene? yes no, in last 3 months? yes no
24. Do you use an acne medication? yes no in last 6 months? yes no
If yes, which drug _____
25. Are you currently using any products that contain the following ingredients? Glycolic Acid Lactic Acid
Salicylic Acid exfoliating scrubs Hydroxy acid products Vitamin A derivatives (i.e. Retinol) Sulfur
Cortisone Cleocin-T
26. Have you ever used a bleach (Hydroquinone) or fade cream(Kojic Acid) or and Over-the-counter product?
Hydroquinone Kojic Acid Over-the-counter product name: _____
27. Did you experience an allergic reaction to the bleach or fade cream such as: swelling, itching or fine bumps?
yes no
28. Are you using any topical medications that cause you to peel? yes no
If yes, Product name: _____

MOISTURE HYDRATION

29. How much plain water do you consume daily? _____
30. How many alcoholic beverages do you consume weekly? _____

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31. Do you ever experience these conditions on your skin? flakiness tightness obvious dryness
32. What season of the year do you have these experiences of dryness? summer spring winter fall
 all year

OIL SECRETION

33. Do you ever experience oily shine during the day? yes no occasionally
34. Is oil experience all over or on the T-Zone (forehead, nose and chin)? all over T-Zone

NERVE ACTIVITY

35. Do you drink caffeinated beverages (coffee, tea, soft drinks)? yes no occasionally
36. What type of massage do you prefer? soft medium firm
37. What is your pain threshold? low medium high

CAPILLARY ACTIVITY

38. Do you burn easily in moderate sunlight? yes no occasionally
39. Do you blush easily when nervous? yes no occasionally
40. Do you have a tendency to redness? yes no

FEMALE ONLY

41. Are you taking oral contraception? yes no
42. Do you experience PMS breakouts? yes no occasionally
43. Do you experience menstrual bloating or pain? yes no occasionally
44. Are you pregnant or trying to become pregnant? yes no
45. Are you lactating? yes no
46. Do you experience ingrown hairs? yes no occasionally
If so, where are they located? chin chest face
47. Are you taking HRT or any hormone balancing products? yes no

MALE GUESTS ONLY

48. What is your current shaving system? single edge razor electric/rotary clipping or trimming only
49. Direction of stroke? upward downward both How often? _____
50. What shaving products are you currently using? _____
51. Do you experience razor bumps/ingrown hairs? yes no occasionally
52. Do you experience neck bumps? yes no occasionally

PAYMENT AGREEMENT, POLICY AND CANCELLATION PROCEDURES

In the event of a "no-show" you will be charged in full for your service. Should you need to cancel, please extend the courtesy of 24 hours notification by calling 510-313-0966 to avoid a 100% charge of your treatment.

I certify that all of the above information is true to the best of my knowledge AND I understand and agree with the payment, policy and cancellation procedures. By signing this form, I waive any and all claims, damages, action and liabilities against Spa de Esperanza LLC arising out of or relating to skincare services and Allergic Reactions to products, services and health supplements suggested and/or sold.

Signature: _____ Date: _____